

Form **8871**

(July 2000)

Department of the Treasury
Internal Revenue Service**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization
COMMITTEE TO ELECT MAGILANY FOR SUPERVISOR

Employer identification number
94-3352278

2 Mailing address (P.O. Box or number, street, and room or suite number)
833 14TH STREET, SAN FRANCISCO, CA 94114

City or town, state, and ZIP code

94-3352279

3 E-mail address of organization

MAIL@MAGILANY.COM

4a Name of custodian of records
BERYL MAGILANY

4b Custodian's address
433 LINDEN STREET
SAN FRANCISCO, CA 94102

5a Name of contact person
SAME

5b Contact person's address

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
CAMPAIGN HEADQUARTERS NOT YET LOCATED

City or town, state, and ZIP code

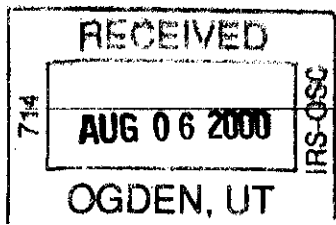
Part II Purpose

7 Describe the purpose of the organization

CANDIDATE FOR BOARD OF SUPERVISORS OF CITY & COUNTY
OF SAN FRANCISCO, NOVEMBER, 2000 ELECTIONS

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
NONE		



[illegible]

**Sign
Here**

Signature of authorized official

Date _____

